



Mailing Address:

Jurisdictions: Make Checks Payable to **Township or City** *not* North Country!!

NCIS, LLC

PO Box 333
White Cloud, MI 49349
Phone 231-224-3960
Fax 888-825-7654

Newfield Township

Otto Township

Permit Fee: \$ _____ Use Group: _____ Type of Const: _____

APPLICATION FOR PLAN REVIEW, BUILDING OR MOBILE HOME PERMIT

(All areas must be completed before a plan review can be obtained.)

LOCATION OF BUILDING

Receipt No: _____

Permit No: _____

Job Location: _____ Township/City: _____

Nearest Cross Street _____ Parcel No: **64-** - - - Section: _____
Number Direction Street
Cross Street
May Be Required to Identify Proper Parcel!

Is the above property **lakefront?** Yes No **Within 500 feet** of a river, lake or drain? Yes No

APPLICANT

Applicant: _____	COST OF IMPROVEMENT
PO Box/Suite No/Bldg. Name: _____	Building \$ _____ .00
Street Address: _____	Electrical \$ _____ .00
City: _____ State: _____ Zip: _____	Mechanical \$ _____ .00
Project Name: _____	Plumbing \$ _____ .00

TYPE OF IMPROVEMENT

1. New Building
2. Addition
3. Alteration
4. Repair, replacement
5. Demolition
6. Moving
7. Foundation Only
8. Change of Use from _____ to _____
9. Other _____
10. Other _____

PROPOSED USE-Residential-One and Two Family (check all that apply & include size/area of each use)

1. One family **or** 2. Two family _____ x _____ , _____ x _____
 3. 2nd Floor/Loft _____ sf.
 4. Basement _____ x _____ , _____ x _____
 5. Basement Finished _____ x _____ , _____ x _____
 6. Deck _____ x _____ , _____ x _____
 7. Porch _____ x _____ , _____ x _____ , _____ x _____
 8. Garage: Attached? yes no Type: Conventional Pole _____ x _____ , _____ x _____
 9. Carport _____ x _____
 10. Roof System _____ x _____
 11. Other *Specify* _____
 12. Modular
 13. Single Wide Mobile Home
 14. Double Wide Mobile Home
- Size _____ x _____ Make/Model _____ Year _____ Serial No. _____

-Nonresidential and Multi-Family Residential

1. Amusement, Recreational **A-1&4&5**
2. Restaurant **A-2**
3. Church, Other Religious **A-3**
4. Business, Office, Bank **B**
5. Educational, School, Library **E**
6. Factory, Industrial **F-1&2**
7. High Hazard **H-1-5**
8. Institutional, Jail, Hospital **I-1-4**
9. Mercantile, Store **M**
11. Multi-Family, Hotel, Motel **R-1**
12. Multi-Family, Dorms, Apartments **R-2**
13. Storage, Warehouse **S-1&2**
14. Tanks, Towers **U**
15. Other *Specify* _____

SELECTED BUILDING CHARACTERISTICS

Total Sq. Ft. 1st Floor _____ Total Sq. Ft. 2nd Floor _____ Total Sq. Ft. Basement _____
 No. of Bedrooms _____ No. of Baths _____ No. of Stories: _____ No. of Bldg: _____ No. of Units: _____

OFFICIAL USE ONLY

COMMENTS

Address: _____ Township/City: _____

REQUIRED PERMITS AND CLEARANCES (refer to hand-out for additional information)

1. TOWNSHIP/CITY ZONING OFFICIAL - Zoning Permit/Clearance (must provide a copy)
 Required - Contact: _____ Telephone: _____

2. DRAIN COMMISSIONER - Soil Erosion Permit
 Required - Contact: Mon. - Fri. 8:00-12:00 & 1:00-5:00 Telephone: (231) 873-3887
Date Approved: _____ Number: _____ By: _____ Dept. Author: _____

3. HEALTH DEPARTMENT - Sewage Treatment/Well/BPA (must provide a copy)
 Required - Contact: Mon. - Fri. 8:00 - 4:30 Telephone: (231) 873-2193
Date Approved: _____ Number: _____ By: _____ Dept. Author: _____

4. MICHIGAN DEPARTMENT OF NATURAL RESOURCES - Floodplain/Wetland Construction Permit
 Required - Contact: Mon. - Fri. 8:00-12:00 & 1:00-5:00 Telephone: (616) 356-0500

5. STATE DOT/COUNTY ROAD COMMISSION - Driveway Permit
 Required - Contact: Mon. - Fri. 8:00-12:00 & 1:00-5:00 Telephone: (231) 873-4226

IDENTIFICATION

OWNER OR LESSEE: Name: _____
Address: _____ Telephone: _____ Fax: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Owner: Lessee:

ARCHITECT OR ENGINEER: Name: _____
Address: _____ Telephone: _____ Fax: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ License No: _____ Expir. Date: _____

LICENSED CONTRACTOR: Name: _____ Bldg Dept ID No. _____
Address: _____ Telephone: _____ Fax: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ License No: _____ Expir. Date: _____

Worker's Disability Insurance Carrier (or reason for exemption): _____
Federal Employer Identification No. (or reason for exemption): _____
Michigan Employment Security Commission Employer No. (or reason for exemption): _____

Note: Section 23a of the state construction code act of 172, Act No. 230 of the Public Acts of 1972, being sections 125.1523a of the Michigan Compiled Laws prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

APPLICANT AFFIDAVIT

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant _____ *Date* _____ *Driver's License/Fed ID No.* _____